

STATE
OF
NEW YORK

CONTRACT PAYMENT REQUEST

Voucher No.

Originating Agency				Orig. Agency Code		Interest Eligible (Y/N)					
Payment Date (MM) (DD) (YY) / /			OSC Use Only			Liability Date (MM) (DD) (YY) / /					
Payee ID		Additional	Zip Code		Route	Payee Amount			MIR Date (MM/DD/YY) / /		
Payee Name (Limit to 30 spaces)						IRS Code		IRS Amount			
Payee Name (Limit to 30 spaces)						Stat. Type	Statistic	Indicator - Dept.		Indicator - Statewide	
Address (Limit to 30 spaces)						Ref/Inv. No. (Limit to 20 spaces)					
Address (Limit to 30 spaces)						Ref/Inv. Date (MM) (DD) (YY) / /					
City (Limit to 20 spaces)		(Limit to 2 spaces) →		State	Zip Code						

FOR OSC USE ONLY

Total Number of Payees				Total Amount of Payment Request							
<p>TO THE OFFICE OF THE STATE COMPTROLLER: I hereby certify that, to the best of my knowledge and belief, the attached material supporting this request for payment has been checked for mathematical accuracy, availability of funds, and compliance with contract provisions, including those relating to, where applicable, prevailing rate of wages, minority businesses, equal employment opportunity and affirmative action, nondiscrimination, international boycotts, and domestic steel.</p> <p>_____ Date _____ Authorized Signature _____ _____ Title _____</p>						<p>State Comptroller's Pre-Audit</p> <p>Certified for Payment in the sum of</p> <p>\$ _____</p> <p>By _____</p>					

Expenditure						Liquidation					
COST CENTER CODE				Object	ACCUM		Amount	Orig. Agency	PO/Contract	Line	F/P
Dept.	Cost Center Unit	Var	Yr		Dept.	Statewide					